

Carver, Beverley (DEQ)

From: Carver, Beverley (DEQ)
Sent: Tuesday, June 10, 2014 2:05 PM
To: Ronald Harrison (rharrison@vapgc.com)
Subject: VPGC, LLC - VA0002313 - Application

June 10, 2014

Mr. Ron Harrison
Environmental Manager
VPGC, LLC
PO Box 228
Hinton, VA 22831

Re: VPGC, LLC, VPDES Permit No. VA0002313, Rockingham County

Dear Mr. Harrison:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next two months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Bev Carver
Water Permit Writer Senior

Beverley W. Carver
Water Permit Writer Senior
Department of Environmental Quality
Valley Regional Office
4411 Early Road, Harrisonburg, VA
Phone: (540) 574-7805 FAX: (540) 574-7878
email: Beverley.Carver@deg.virginia.gov
web: www.deg.virginia.gov
Mail: P.O. Box 3000, Harrisonburg, VA 22801

MEMORANDUM
DEPARTMENT OF ENVIRONMENTAL QUALITY
VALLEY REGIONAL OFFICE

4411 Early Road - P.O. Box 3000

Harrisonburg, VA. 22801

SUBJECT: Application Errata for VPDES Permit No. VA0002313, VPGC, LLC, Rockingham County
TO: PP File
FROM: Bev Carver *Bev Carver*
DATE: June 2, 2014

The following deficiencies were noted in the subject permit reissuance application:

EPA Form 1:

The topo map did not show the location of the new Outfall 004. The outfall location is shown in the Environmental Plan April 2014 document from Blackwell Engineering which was submitted with the application.

EPA Form 2C:

Part I.A. Outfall Location – The receiving stream for the new outfall 004 is War Branch. A location and description of Outfall 004 is included in the Environmental Plan April 2014 document from Blackwell Engineering which was submitted with the application. The permittee will be asked to provide a latitude and longitude for Outfall 004.

Part II.A. Line Drawing – The line drawing did not include the reservoir overflow discharge to Outfall 002. In addition, the line drawing indicated a flow of 944,000 GPD into pretreatment but only 18,000 GPD out of pretreatment.

Part II.B. – Descriptions of Outfalls –

Outfall 102 (Industrial WWTP) (Proposed New Outfall Location) – The average flow from the industrial WWTP was not included. However, the flow data is submitted with the DMRs. Outfall 102 is not a permitted sampling location in the current permit. Outfall 102 will be included as a permitted outfall in the 2015 permit reissuance.

Outfall 002 – A description of the raw water reservoir overflow was not included. Well water is directed to a reservoir and is combined with raw water from the City of Harrisonburg and used in the processing plant. The plant is not usually operating on Saturdays and Sundays. In order to keep the pumps operating efficiently, the raw water is allowed to overflow and discharge through Outfall 003 on days when the plant is not operating. The average flow for the reservoir overflow is 0.350 MGD, with the maximum flow being 0.381 MGD.

Outfall 003 – Outfall 003 should be described as storm water associated with industrial activity. A description of Outfall 003 is included in the Environmental Plan April 2014 submitted with the application.

Outfall 004 – Outfall 004 will be a new outfall in the 2014 permit which is solely stormwater and is associated with industrial activity. Outfall 004 is included in the Environmental Plan April 2014 submitted with the application.

Part II.C Intermittent Discharges – The long term average flow from well reservoir overflow was not included. The average flow for the reservoir overflow was reported as 0.350 MGD in the 2009 application.

Part IV. Improvements – A new FEB for the sanitary WWTP (Outfall 101) and new FEB for the Industrial WWTP (Outfall 102) are in the planning stages. These improvements were initiated by the permittee and are not a permit requirement.

Part VI. Potential Discharges not Covered by Analysis – This was checked as “No” in the 2009 application.

Part VIII. Contract Analysis Information – The name of the contract lab, address, telephone and pollutants analyzed was not included. The Certificates of Analysis are reviewed for the toxicity data information. The COA for DMR logs can be reviewed when the facility is inspected.

Part V.A. – Effluent testing information for flow, BOD₅, TSS, pH, temperature and Ammonia-N are submitted with the monthly DMR. No monitoring data were submitted for COD or TOC; however, there are no water quality standards for COD or TOC and that past monitoring has demonstrated that TOC is equal to BOD₅ and COD is three times higher than BOD₅ in the effluent.

Part V.B.1.d. – Fecal Coliform – This was checked as “Believed Present,” however, no monitoring data were submitted. Fecal Coliform is limited and monitored in the permit. Therefore, the data have been previously submitted to DEQ.

Part V.B.1.f., g., h., i. – Nitrate-Nitrite, TN, Oil and Grease, TP – This was checked as “Believed Present,” however, no monitoring data were submitted. These parameters are limited and monitored under the individual and general permit. Therefore, the data have been previously submitted to DEQ.

Part V.B.1.n. – Surfactants – This was checked as “Believed Present,” however, no monitoring data were submitted. There is no water quality standard for surfactants and WET testing will identify any toxicity from surfactants.

EPA Form 2A:

Item A.12. – Effluent testing information for flow, pH, TSS and BOD₅ and E. coli are submitted with the monthly DMR. No other effluent data for outfall 101 are needed for the permit reissuance.

VPDES General Permit Registration Statement – Industrial Activity Storm Water Discharges:

An updated 2014 Registration Statement form is now available. The permittee will be asked to complete the updated Registration Statement, add the new Outfall 004 and complete number 10 – Facility Area Information section.

VPDES Sewage Sludge Permit Application for Permit Reissuance:

No deficiencies found.

Application Addendum:

Number 4 – It should be noted that plans are underway to replace two settling tanks with a new FEB for the sanitary WWTP (outfall 101). Plans are also underway for a new FEB for the Industrial WWTP (outfall 102).

Number 5 – The design flow for the sanitary WWTP is 0.020 MGD (outfall 101). The design flow for the Industrial WWTP is 1.5 MGD (outfall 102). The request for the permitted flow tier of 1.1 MGD is for the Industrial WWTP.

Public Notice Billing Information Form and Annual Maintenance Fee Form:

No deficiencies found.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: DMJ, 6/4/14



DEQ VALLEY

MAY 29 2014

To: _____
Date: _____

May 28, 2014

Mrs. Beverly Carver
Virginia Department of Environmental Quality
Valley Regional Office
4411 Early Road
Harrisonburg, VA 22801

RE: Reissuance of VPDES Permit # VA0002313 VPGC, LLC.

Dear Bev,

We are planning on replacing the two small sanitary tanks with a large tank for equalization that will allow us to feed the UV system over a 24 hour period with water. This will solve our high flow rates and help the UV system perform better, we are also putting in a flow monitor.

VPGC, LLC is also planning to replace old flow equalization basin on processing side to a larger one. Once Blackwell Engineering gets done with the plan it will have to be approved by the board. If the board approves it then where it will be build we will probably want to add out fall 004 to war branch.

The O&M manual is being worked on as of today and will be submitted as soon as possible.

I am also submitting an Environmental plan that covers SWPPP, SWMP, SR & CP, SPCC and GWPP.

I would like to keep the two flow tiers due to the wet limits being different.

If after review you any questions or comments please call 540-867-4366

Thank you so much for your help,

Sincerely

Ronald Harrison
Environmental Manager

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER VA0002313
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	
II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .			
SPECIFIC QUESTIONS		Mark "X" YES NO FORM ATTACHED	SPECIFIC QUESTIONS
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		X	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY			
1 SKIP VPGC, LLC			
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 Harrison, Ronald, Manager		(540) 867-4366	
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 PO Box 228			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 Hinton		VA	22831
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 6349 Rawley Pike			
B. COUNTY NAME			
6 Rockingham			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 Hinton		VA	22831

DEQ VALLEY

MAY 29 2014

To: _____

Date: _____

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	2015	(specify) Poultry slaughter, processing							C	7		(specify)						
15	16	17	18							15	16	17	18						
C. THIRD										D. FOURTH									
C	7		(specify)							C	7		(specify)						
15	16	17	18							15	16	17	18						

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?										
C	8	VPGC, LLC								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
15	16	17	18								55	56								

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)

F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	D. PHONE (area code & no.)											
S = STATE	O = OTHER (specify)	56		C	A	(540)	867	-	4366						
P = PRIVATE				15	16	17	18	19	20	21	22	23	24	25	26

E. STREET OR P.O. BOX

PO Box 228																					
26											55										

F. CITY OR TOWN

C	B	Hinton											G. STATE	H. ZIP CODE	IX. INDIAN LAND																
15	16	17	18											40	41	42	43	44	45	46	47	48	49	50	51	52	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16	17	18											40	41	42	43	44	45	46	47	48	49	50	51	52					

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I	9	N	VA0002313					C	T	I	9	P					
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I	9	U	NA					C	T	I	9		80082				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I	9	R	NA					C	T	I	9		VAN010009				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Slaughters, picks, eviscerates live turkeys, further processes part of whole bird production grinding, deboning, trimming, comminuting, basting and seasoning. Packs parts and other turkey meat products. Freezes some of production, stores frozen and chilled products.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) James L. Mason, President										B. SIGNATURE 										C. DATE SIGNED 5-28-14									
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---------------------------	--	--	--	--	--	--	--	--	--

COMMENTS FOR OFFICIAL USE ONLY

C																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VA0002313

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM 2C NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS <i>Consolidated Permits Program</i>
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I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38	27	56	78	58	33	Muddy Creek
002	38	27	56	78	58	41	War Branch
003	38	27	56	78	58	34	Muddy Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT			
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1		
101	Sewage treatment plant	0.005	Activated sludge, sedimentation	1	T	
			UV Disinfection, Flow measurement; Sewage sludge	1	M	
			hauled to North River WWTP for further	1	G	
			treatment.	2	D	
102	Industrial WWTP		Screening, grit removal, flocculation,	1	H	
			coagulation, flotation, activated sludge,	3	A	
			sedimentation, sand filter, UV Disinfection	1	U	
			Reuse treated effluent, Flow measurement;	2	F	
001	Combination of Internal Outfalls		Industrial sludge hauled offsite.	4	C	
	101 and 102		Flow is calculated by adding			
			Outfall 101 plus Outfall 102 flow.			
			During a reasonable storm event, all storm			
002	stormwater from employee parking lot		water associated with industrial activity is			
	Raw water reservoir overflow	0.381	collected and treated in the Industrial WWTP.			
			During an unreasonable storm event, the storm			
			water associated with industrial activity will			
003	stormwater		overflow a collection pit and combine with			
			parking lot run off before discharging through			
			Outfall 002. During an unreasonable storm event			
			a valve in a collection tank is opened allowing			
			storm water from the loading dock area to			
			discharge through Outfall 003.			

OFFICIAL USE ONLY (effluent guidelines sub-categories)

DEQ VALLEY

MAY 29 2014

To: _____

Date: _____

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES (complete the following table)☐ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
002	well reservoir overflow	2	12		0.381		0.381	2

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☒ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
1,200,000	lb/day Avg.	Poultry processing	001
625,000	lb/day Avg.	Packing (LWK) Live Weight Kill further processing - grinding, deboning, trimming comminuting, basting	001

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

VA0002313

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)☐ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

Previously submitted to DEQ.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

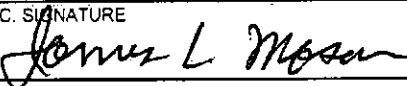
☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print) James L. Mason, President	B. PHONE NO. (area code & no.) (540) 867-4000
C. SIGNATURE 	D. DATE SIGNED 5-28-14

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VA0002313

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)		OUTFALL NO. 001
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PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Biochemical Oxygen Demand (BOD)	previously	submit										
b. Chemical Oxygen Demand (COD)	Waiver	req.										
c. Total Organic Carbon (TOC)	Waiver	req.										
d. Total Suspended Solids (TSS)	previously	submit										
e. Ammonia (as N)	previous	submit										
f. Flow	VALUE previously		VALUE submitted		VALUE					VALUE		
g. Temperature (winter)	VALUE previously		VALUE submitted		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE previously		VALUE submitted		VALUE			°C		VALUE		
i. pH	MINIMUM previous	MAXIMUM submit	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a.	b.	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	BELIEVED PRESENT	BELIEVED ABSENT	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
			CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform	X													
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X													

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)						
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
g. Nitrogen, Total Organic (as N)	X																	
h. Oil and Grease	X																	
i. Phosphorus (as P), Total (7723-14-0)	X																	
j. Radioactivity																		
(1) Alpha, Total		X																
(2) Beta, Total		X																
(3) Radium, Total		X																
(4) Radium 226, Total		X																
k. Sulfate (as SO ₄) (14808-79-8)		X																
l. Sulfide (as S)		X																
m. Sulfite (as SO ₃) (14265-45-3)		X																
n. Surfactants	X																	
o. Aluminum, Total (7429-90-5)		X																
p. Barium, Total (7440-39-3)		X																
q. Boron, Total (7440-42-8)		X																
r. Cobalt, Total (7440-48-4)		X																
s. Iron, Total (7439-89-6)		X																
t. Magnesium, Total (7439-95-4)		X																
u. Molybdenum, Total (7439-98-7)		X																
v. Manganese, Total (7439-96-5)		X																
w. Tin, Total (7440-31-5)		X																
x. Titanium, Total (7440-32-6)		X																

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

VA0002313

001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
																(1) CONCENTRATION	(2) MASS
METALS, CYANIDE, AND TOTAL PHENOLS																	
1M. Antimony, Total (7440-36-0)			X														
2M. Arsenic, Total (7440-38-2)			X														
3M. Beryllium, Total (7440-41-7)			X														
4M. Cadmium, Total (7440-43-9)			X														
5M. Chromium, Total (7440-47-3)			X														
6M. Copper, Total (7440-50-8)			X														
7M. Lead, Total (7439-92-1)			X														
8M. Mercury, Total (7439-97-6)			X														
9M. Nickel, Total (7440-02-0)			X														
10M. Selenium, Total (7782-49-2)			X														
11M. Silver, Total (7440-22-4)			X														
12M. Thallium, Total (7440-28-0)			X														
13M. Zinc, Total (7440-66-6)			X														
14M. Cyanide, Total (57-12-5)			X														
15M. Phenols, Total			X														
DIOXIN																	
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6)			X	DESCRIBE RESULTS													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)			X													
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X													
24V. Tetrachloroethylene (127-18-4)			X													
25V. Toluene (108-88-3)			X													
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X													
27V. 1,1,1-Trichloroethane (71-55-6)			X													
28V. 1,1,2-Trichloroethane (79-00-5)			X													
29V. Trichloroethylene (79-01-6)			X													
30V. Trichlorofluoromethane (75-69-4)			X													
31V. Vinyl Chloride (75-01-4)			X													
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chlorophenol (95-57-8)			X													
2A. 2,4-Dichlorophenol (120-83-2)			X													
3A. 2,4-Dimethylphenol (105-67-9)			X													
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X													
5A. 2,4-Dinitrophenol (51-28-5)			X													
6A. 2-Nitrophenol (88-75-5)			X													
7A. 4-Nitrophenol (100-02-7)			X													
8A. P-Chloro-M-Cresol (59-50-7)			X													
9A. Pentachlorophenol (87-86-5)			X													
10A. Phenol (108-95-2)			X													
11A. 2,4,6-Trichlorophenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131 -11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
43B. N-Nitro- sodiphenylamine (86-30-6)			X													
44B. Phenanthrene (85-01-8)			X													
45B. Pyrene (129-00-0)			X													
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X													
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (319-85-7)			X													
4P. γ-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α-Endosulfan (115-29-7)			X													
12P. β-Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

VA0002313

001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd.
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd.
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

DEQ VALLEY

MAY 29 2014

To: _____
Date: _____

FACILITY NAME AND PERMIT NUMBER:

VPGC, LLC - Hinton VA0002313

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.Facility name VPGC, LLC - HintonMailing Address PO Box 228
Hinton, VA 22831Contact person Ronald HarrisonTitle Environmental ManagerTelephone number (540) 867-4366Facility Address 6349 Rawley Pike, Hinton, VA 22831

(not P.O. Box) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:Applicant name same as aboveMailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☒ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES VA0002313

PSD _____

UIC _____

Other VAN010009

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

VPGC, LLC550separateprivate_____

_____Total population served 550

A.5. Indian Country.

- Yes ☒ No

- Yes ☒ No

a. Design flow rate 0.020 mgd

<input checked="" type="checkbox"/>	Separate sanitary sewer	100	%
<input type="checkbox"/>	Combined storm and sanitary sewer		%

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other	NA

- If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater? Yes ☐ No ☒

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: Mgd

Is land application continuous or intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes ☒ No ☐

FACILITY NAME AND PERMIT NUMBER:

VPGC, LLC - Hinton VA0002313

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

NA

If transport is by a party other than the applicant, provide:

Transporter name: NA

Mailing Address: _____

Contact person: NA

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: NA

Mailing Address: _____

Contact person: NA

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

____ Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

NA

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

VPGC, LLC - Hinton VA0002313

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 101
- b. Location Hinton, VA 22831
(City or town, if applicable) (Zip Code)
Rockingham VA
(County) (State)
38-27-56 78-58-33
(Latitude) (Longitude)
- c. Distance from shore (if applicable) NA ft.
- d. Depth below surface (if applicable) NA ft.
- e. Average daily flow rate 0.005 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 313
- Average duration of each discharge: monday 12:01am to sat. 6:00pm
- Average flow per discharge: 0.005 mgd
- Months in which discharge occurs: all 12
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Muddy Creek
- b. Name of watershed (if known) Muddy Creek
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Potomac
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal >95 %
 Design SS removal >90 %
 Design P removal 0 %
 Design N removal >80 %
 Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 101

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	prev. submit	s.u.			
pH (Maximum)	prev. submit	s.u.			
Flow Rate	previously	submitted			
Temperature (Winter)	waiver	request			
Temperature (Summer)	waiver	request			

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	previously	submitted				
	CBOD-5						
FECAL COLIFORM		previously	submitted	(E. coli)			
TOTAL SUSPENDED SOLIDS (TSS)		previously	submitted				

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**All applicants with a design flow rate \geq 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.NA gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

NA**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: NA

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

NA

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes No

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

NA

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM/DD/YYYY	MM/DD/YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: NA

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: NA

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title James L. Mason, PresidentSignature Telephone number (540) 867-4052Date signed 5-28-14

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

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SUPPLEMENTAL APPLICATION INFORMATION**PART D. EXPANDED EFFLUENT TESTING DATA**

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MBL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYL VINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GH)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%
effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

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Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___ Yes ___ No

If yes, describe:

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:

VPGC, LLC - Hinton VA0002313

Form Approved 1/14/99
OMB Number 2040-0086**SUPPLEMENTAL APPLICATION INFORMATION****PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____ Yes ____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (____ continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (____ continuous or ____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____ Yes ____ No

b. Categorical pretreatment standards ____ Yes ____ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☐ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck

☐ Rail

☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number

Amount

Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.)

☐ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous

☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

VPGC, LLC - Hinton VA0002313

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- Outfall number _____
- Location
 (City or town, if applicable) _____ (Zip Code) _____
 (County) _____ (State) _____
 (Latitude) _____ (Longitude) _____
- Distance from shore (if applicable) _____ ft.
- Depth below surface (if applicable) _____ ft.
- Which of the following were monitored during the last year for this CSO?
 _____ Rainfall _____ CSO pollutant concentrations _____ CSO frequency
 _____ CSO flow volume _____ Receiving water quality
- How many storm events were monitored during the last year? _____

G.4. CSO Events.

- Give the number of CSO events in the last year.
 _____ events (____ actual or ____ approx.)
- Give the average duration per CSO event.
 _____ hours (____ actual or ____ approx.)

FACILITY NAME AND PERMIT NUMBER:

VPGC, LLC - Hinton VA0002313

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

- d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____

- b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

- c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____**END OF PART G.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

Additional information, if provided, will appear on the following pages.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: VPGC, LLC - Hinton

VPDES Permit No: VA0002313

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

North River WWTP

b. Receiving Facility VPDES Permit No.

VA0060640

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge

Landfill

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☒ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9 VAC25-31-710.A.3. through A.8 or Class B pathogen requirements in 9VAC25-31-710.B.1. through B.4.? ☐ Yes ☐ No

Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____

3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720.B.1. through 10? ☐ Yes ☐ No

Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____

4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540.B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S. U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No

If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100.P.9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
- An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - A description of the transport vehicles to be used.
 - Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title James L. Mason, President

Signature James L. Mason

Telephone number / Email (540) 867-4000

fjmason@vapgc.com

Date signed 5-28-14

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

**VPDES General Permit Registration Statement
Industrial Activity Storm Water Discharges (VAR05)**

(Please Type or Print All Information)

1a. Property Owner of the Facility Site

Name: VPGC, LLC

Mailing Address: PO Box 228

City: Hinton State: VA Zip: 22831 Phone: (540) 867-4366

E-Mail Address (where available): rharrison@vapgc.com

1b. Operator Applying For Permit Coverage (if different than "1a")

Name: VPGC, LLC - Hinton

Mailing Address: 6349 Rawley Pike

City: Hinton State: VA Zip: 22831 Phone: (540) 867-4366

E-Mail Address (where available): rharrison@vapgc.com

1c. Responsible Party Requesting Permit Coverage, and Who Will Be Legally Responsible For Compliance With This Permit

Name: VPGC, LLC

Mailing Address: PO Box 228

City: Hinton State: VA Zip: 22831 Phone: (540) 867-4366

E-Mail Address (where available): rharrison@vapgc.com

2. Facility Information

Facility Name: VPGC, LLC - Hinton

Address: 6349 Rawley Pike

City: Hinton State: VA Zip: 22831

County Name: Rockingham

Contact Name: Ronald Harrison Phone: (540)867-4366

E-Mail Address (where available): rharrison@vapgc.com

3. Facility Ownership Status: Federal ☐ State ☐ Public ☐ Private ☒ (Check one only)

4. Name(s) of the receiving water(s) that storm water is discharged into: _____

Muddy Creek (Outfall 001 and 003), War Branch (Outfall 002)

5. If the discharge is through a municipal separate storm sewer system (MS4), the name of the municipal operator of the storm sewer: NA

Additional notification for discharges to MS4s. If the facility's storm water discharges are through an MS4, the owner must notify the operator of the municipal system receiving the discharge, and submit a copy of their registration statement to the municipal system operator.

6. VPDES Permit Numbers for all permits assigned to the facility: VA0002313

DEQ VALLEY

MAY 29 2014

To: _____

7. Attach a copy of the general location map from the SWPPP and the site map from the SWPPP.
8. Identify up to four 4-digit Standard Industrial Classification (SIC) Codes or 2-letter Industrial Activity Codes that best represent the principal products or services rendered by the facility and major co-located activities.

4-Digit SIC Codes or 2-letter Industrial Activity Codes: 2 0 1 5

(The 2-letter Industrial Activity Codes are: HZ - hazardous waste treatment, storage, or disposal facilities; LF - landfills/disposal facilities that receive or have received any industrial wastes; SE - steam electric power generating facilities; or, TW - treatment works treating domestic sewage)

9. Attach a list identifying all applicable industrial sectors (see instructions) that cover the discharges associated with industrial activity from the facility and from any co-located industrial activities that will be covered under this permit. Also identify the storm water outfalls associated with each identified sector.

In addition to attaching the list, answer the questions below as they apply to the facility's discharges:

- For landfills, indicate the type of landfill: NA
- For timber products operations, indicate which outfalls (if any) receive discharges from wet decking areas:
NA
- For all facilities, indicate which outfalls (if any) receive discharges from coal storage piles:
NA
- For asphalt paving and roofing materials manufacturers, indicate which outfalls (if any) receive discharges from areas where production of asphalt paving and roofing emulsions occurs:
NA
- For cement manufacturing facilities, indicate which outfalls (if any) receive discharges from material storage piles:
NA

10. **Certification:** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Print Name James L. Mason Title: President

Signature: *James L. Mason* Date: 5-28-14

11. Would you like your permit sent to you electronically? Yes ☒ No ☐

If "Yes", please list the email address to send it to:

rharrison@vapgc.com

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

Basin _____ Stream Class _____ Section _____ Special Standards _____

Antidegradation Checked? Yes ☐ No ☐ Is The Discharge to Impaired Waters? Yes ☐ No ☐

Has a TMDL been established? Yes ☐ No ☐ N/A ☐ Is the TMDL EPA approved? Yes ☐ No ☐ N/A ☐

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** VPGC, LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. **Is this facility located within city or town boundaries?** ☐ YES ☒ NO
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 91(A)89
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** _____
5. **ALL FACILITIES:** What is the design average flow of this facility? 1.5 MGD
Industrial facilities: What is the maximum 30-day avg. production level (include units)? _____

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☒ YES ☐ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: Permitted flow of 1.5 MGD LEVEL II
Permitted flow of 1.1 MGD LEVEL I
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**
Poultry processing and sanitary wastewater from employees
- 2 % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities: ☒ 0 ☐ 1-49 ☐ 50 or more
- 98 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- ☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

DEQ VALLEY

MAY 29 2014

9. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

Please provide email: rharrison@vapgc.com

- ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

VPGC, LLC HINTON VA 22831

ATTACHMENT B : WATER BALANCE

REFER TO :

1.FORM 2C, PART 2. A&B

2.FORM2A, PART B.3

DEQ VALLEY

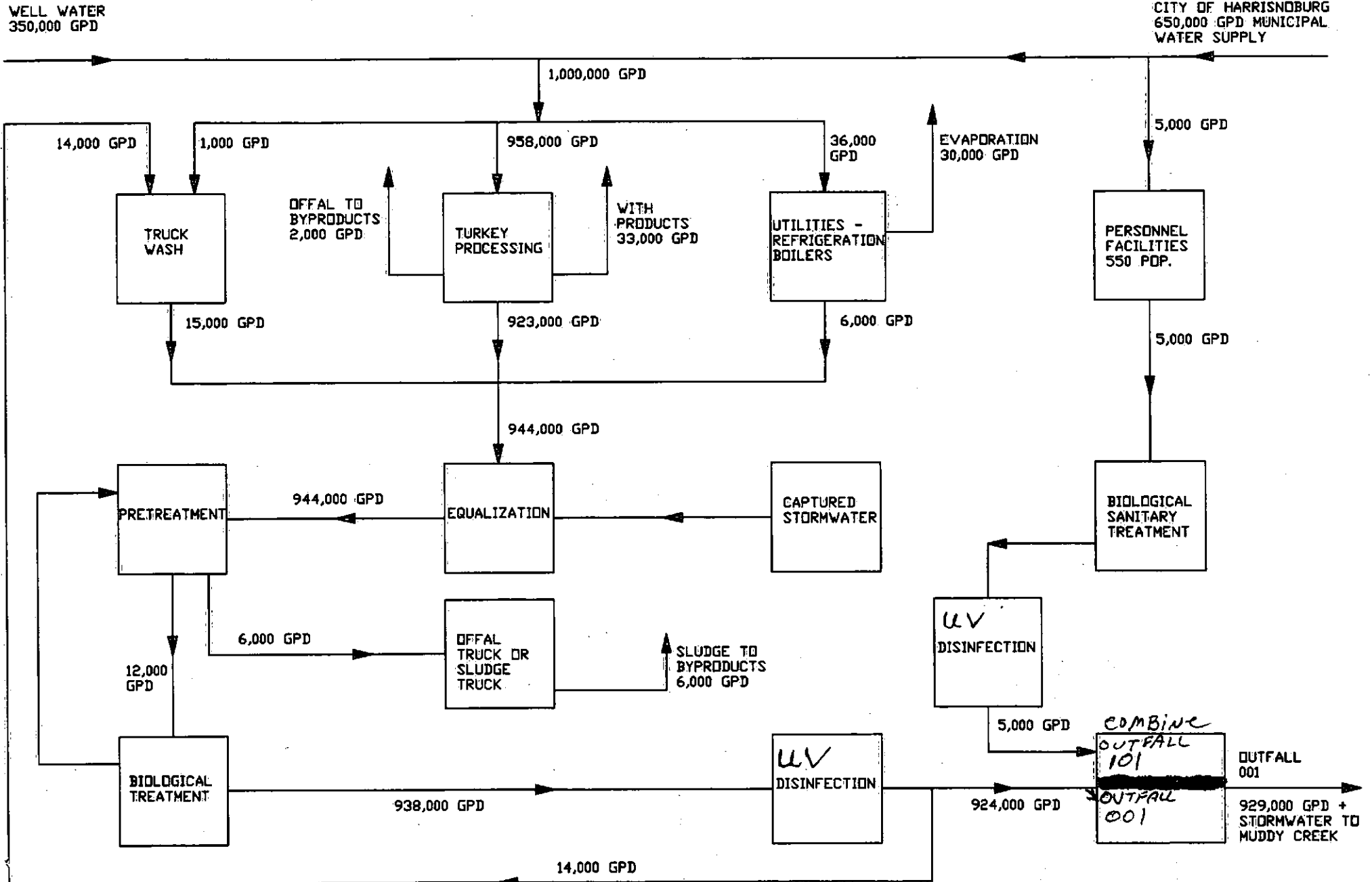
MAY 29 2014

To: _____

Date: _____

VPGC, LLC

SCHMATIC OF WATER FLOW FOR
VIRGINIA POULTRY GROWERS COOP
HINTON, VIRGINIA



VPGC, LLC HINTON VA 22831

ATTACHMENT E : DESCRIPTION OF SEWAGE TREATMENT PLANT

REFER TO :

1. FORM 2C, PART 2. B

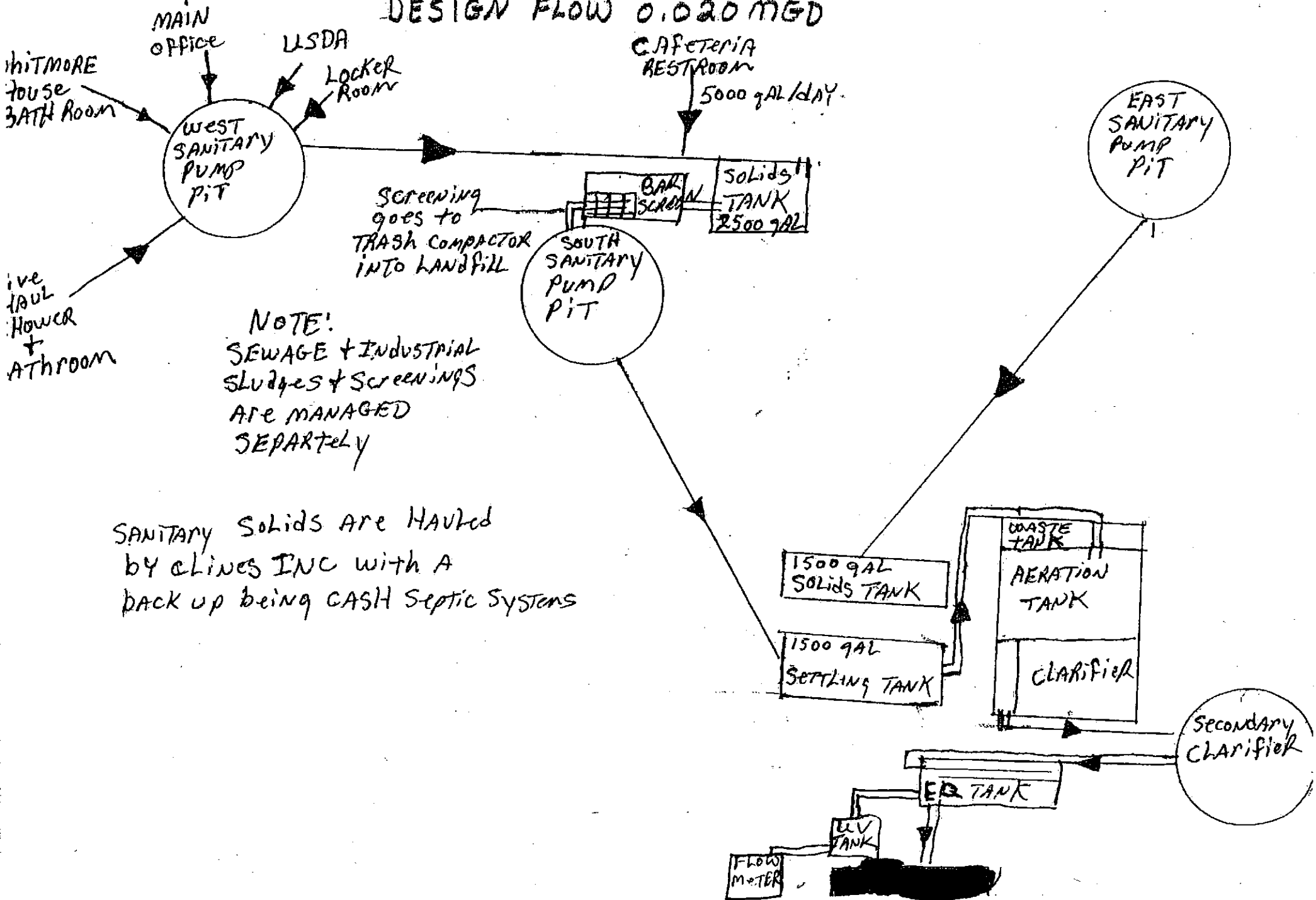
DEQ VALLEY

MAY 29 2014

To: _____
Date: _____

VP GC, LLC

HINTON PLANT VA 0002313
DIAGRAM OF SEWAGE TREATMENT PLANT AS OF 6/2003
DESIGN FLOW 0.020 MGD



Attachment D

Haul Route for sewage sludge to North River sewage treatment plant

1. FROM VPGC, LLC HINTON FACILITY, TAKE ROUTE 33 EAST TO ROUTE 701 COOKS CREEK-SILVER LAKE ROAD TO DAYTON.
2. AT DAYTON, TAKE ROUTE 42 SOUTH TO BRIDGEWATER UNTIL STOP LIGHT AT HARDEE'S
3. MAKE LEFT AT STOP LIGHT ON ROUTE 257, GO TO STOP LIGHT.
4. AT ROUTE 11 STOP LIGHT MAKE RIGHT TOWARDS MT. CRAWFORD
5. TURN LEFT ON NORTH RIVER ROAD AND CROSS OVER I-81 BRIDGE
6. GO RIGHT AT TURN TO NORTH RIVER SEWAGE TREATMENT PLANT

VPGC, LLC

PERMIT VA 0002313

DEQ VALLEY

MAY 29 2014

To: _____

Date: _____

VPGC, LLC HINTON, VA 22831

PERMIT VA 0002313

ATTACHMENT C

NOTICE AND NECESSARY INFORMATION

REQUIREMENT NOTIFICATION

1. SEWAGE SLUDGE LETTER TO HRRSA FROM VPGC, LLC
2. SEWAGE SLUDGE LETTER FROM HRRSA TO VPGC, LLC ACCEPTING SANITARY

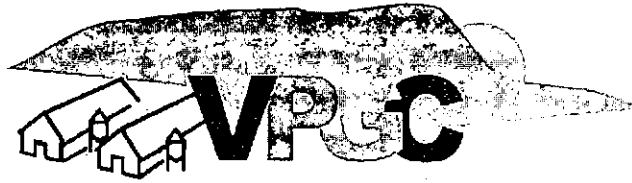
WASTE.

DEQ VALLEY

MAY 29 2014

To: _____

Date: _____



May 14, 2014

Mrs. Sharon Foley
Executive Director
Harrisonburg Rockingham Regional Sewer Authority
P.O. Box 8
Mt. Crawford, Virginia 22841

RE: Sludge that you receive from the Sewage Treatment Plant serving the Virginia Poultry Growers Cooperative LLC. Hinton Plant, VPDES Permit No. VA0002313.

Dear Mrs. Foley

To be in compliance with the VPDES Permit Regulation (9VAC 25-31-530G) I am required to notify you that in treating and disposing of our sewage sludge you must comply with the VPDES Permit Regulation, part VI, Subpart B-land Application. Should you have any questions on this matter, please contact the Valley Regional Office of the Department of Environmental Quality (DEQ) in Harrisonburg, Virginia at 540-574-7800.

Sincerely,

Mr. Ronald Harrison
Environmental Manager

Attachment C: VPDES Sewage Sludge Permit Application Form, Section B.6.i



HRRSA

www.hrrsa.org

P.O. Box 8
856 North River Road
Mt. Crawford, VA 22841
PH(540) 434-1053 • FX(540) 434-5160

MEMBERS

Bridgewater • Dayton • Harrisonburg
Mt. Crawford • Rockingham Co.

May 21, 2014

Mr. Ronald Harrison
Environmental Manager
Virginia Poultry Growers Cooperative LLC
PO Box 228
Hinton, VA 22831-0228

RE: Sanitary Waste Acceptance

Dear Mr. Harrison:

The Harrisonburg-Rockingham Regional Sewer Authority (HRRSA) will accept sludge (non-hazardous, approximately 1 dry metric ton per year) from the Virginia Poultry Growers Cooperative's sanitary wastewater treatment plant located at 6349 Rawley Pike in Hinton, VA.

Please note, wastewater/sludge deliveries must be made at the North River Wastewater Treatment Plant and are subject to the "Operating Rules and Regulations" of HRRSA.

If you have any questions, please contact Anita Riggleman at 540-434-1053, Ext. 227.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon G. Foley".

Sharon G. Foley, P.E.
Executive Director

c: file, HRRSA
Brandon Kiracofe, VA DEQ

VPGC, LLC

Hinton, Virginia. 22831 Permit VA0002313

ATTACHMENT A

TOPOGRAPHIC MAP OF FACILITY LOCATION

REFER TO:

1. FORM 1, PART XI MAP
2. SEWAGE SLUDGE APPLICATION FORM, SECTION A. 5
3. FORM 2 A, PART B. 2

DEQ VALLEY

MAY 29 2014

To: _____

Date: _____

UNITED STATES
DEPARTMENT OF THE ARMY
TOPOGRAPHICAL

X 1289

183

1300

INTERIOR GEOLOGICAL SURVEY
484

RESTON, VIRGINIA—1987

855000m E

38°22'30"
78°52'30"

(GROTTOS)
5260 IV SE

ROAD CLASSIFICATION

Heavy-duty

Light-duty

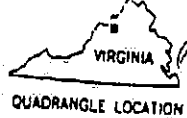
Medium-duty

Unimproved dirt

○ Interstate Route

○ U.S. Route

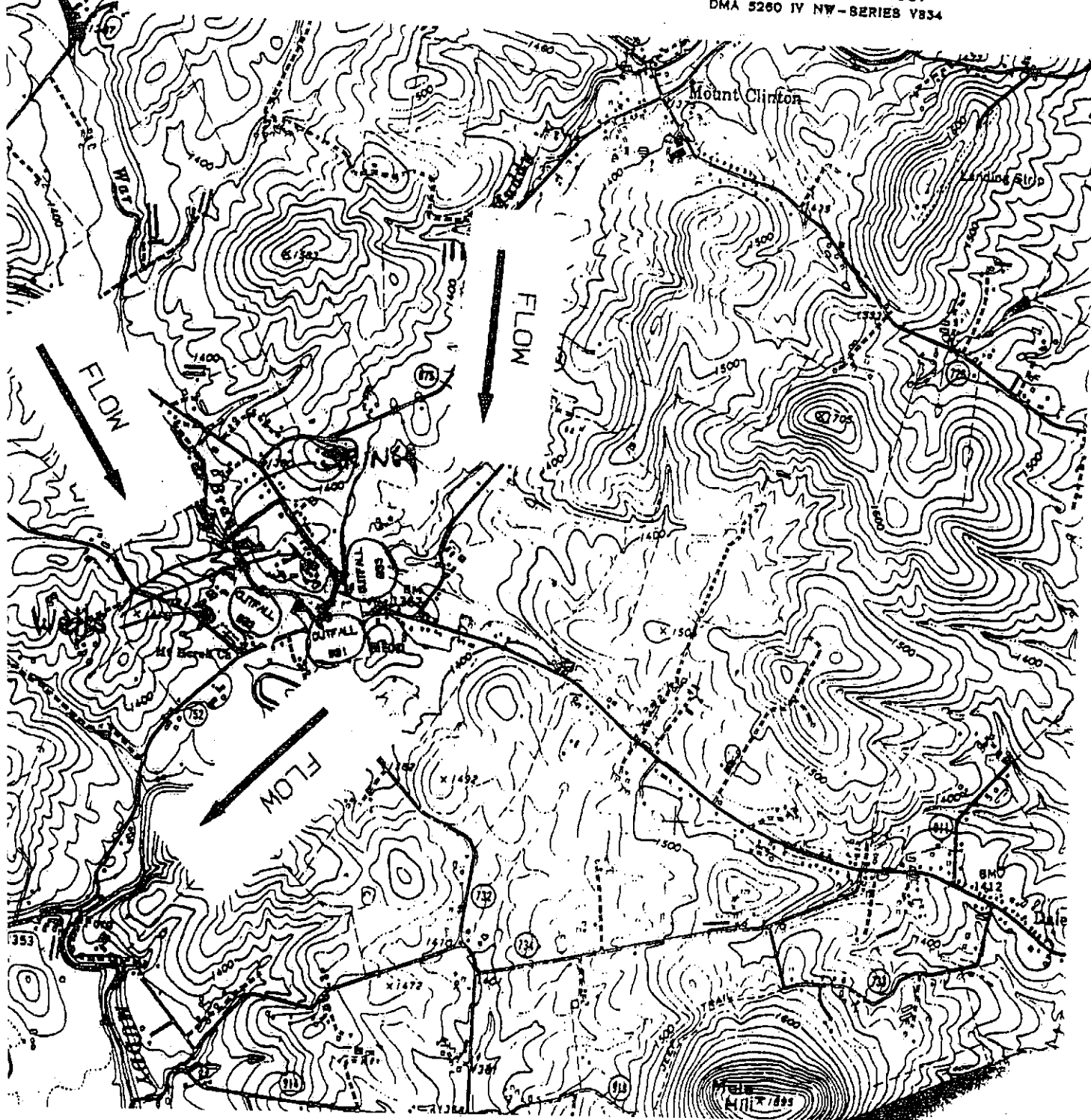
○ State Route



Revisions shown in purple and woodland compiled in cooperation with Commonwealth of Virginia agencies from aerial photographs taken 1984 and other sources. This information not field checked. Map edited 1987

BRIDGEWATER, VA.
38078-D8-TF-024

1964
PHOTOREVISED 1987
DMA 5260 IV NW—SERIES V834



PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in *Daily News Record* in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: _____ VPGC, LLC

Owner: _____ VPGC, LLC

Agent/Department Address: _____ PO Box 228

_____ Hinton, Virginia 22831

Agent's Telephone No.: _____ (540)867-4000

Printed Name: _____ James L. Mason

Authorizing Agent – Signature: _____ *James L. Mason*

Date: _____ 5-28-14

VPDES Permit No. VA0002313
VPGC, LLC - Hinton

DEQ VALLEY

MAY 29 2014

To: _____

Date: _____

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: VPGC, LLC - Hinton

Permit Number: VA0002313

Owner Name: VPGC, LLC

Owner Address: PO Box 228

Hinton, Virginia 22831

Billing Contact Name: Mary Whitmore

Title: Purchasing Manager

Phone Number: (540)867-4084

E-Mail Address: mwhitmore@vapgc.com

DEQ VALLEY

MAY 29 2014

To: _____

Date: _____